



16179 U.S.PTO
033104

TAROLLI, SUNDHEIM, COVELL & TUMMINO L.L.P.
526 Superior Avenue, Suite 1111
Cleveland, Ohio 44114

Phone: (216) 621-2234
Facsimile: (216) 621-4072

PATENT

Attorney Docket No. CCF-6477NP

Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

NEW APPLICATION TRANSMITTAL

Transmitted herewith for filing is the patent application of Inventor(s): **George F. Muschler**

For (title): **APPARATUS AND METHOD FOR HARVESTING BONE MARROW**

16285 U.S.PTO
10/813986
033104

Enclosed are:

1. **Papers Required for Filing Date Under 37 CFR 1.53(b):**

37 Pages of specification

1 Pages Abstract

14 Pages of claims

15 Sheets of drawing

formal (Figs. 1-22)

informal

In addition to the above papers there is also attached: **An Information Disclosure Statement (2 pgs.); and PTO-Form 1449 (1 pg.) citing NINE (9) Patent Documents**

CERTIFICATION UNDER 37 CFR 1.10

I hereby certify that this New Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service on this date March 31, 2004 in an envelope as "Express Mail Post Office to Addressee" Mailing Label Number ET-035757626US addressed to Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Anita J. Galo
(Type or print name of person mailing paper)

(Signature of person mailing paper)

2. Declaration or oath:

Enclosed (Executed)
 Not Enclosed.

3. Language:

English
 Non-English
 A verified English translation of the
 specification and claims
 declaration

is attached.

4. Assignment:

An assignment of the invention to The Cleveland Clinic Foundation

is attached.
 will follow

5. Certified Copy:

Certified copy (ies) of application (s)

(Country) (Appln. No.) (Filed)

(Country) (Appln. No.) (Filed)

(Country) (Appln. No.) (Filed)

from which priority is claimed

is attached
 will follow

6. **Fee Calculation:**

(Small entity filing fee is 50% normal fee)

CLAIMS AS FILED					
Number Filed		Number Extra	Rate	Basic Fee	
				\$ 385.00	
Total Claims	25	-20 =	5 X \$ 9.00	45.00	
Independent Claims	2	- 3 =	0 X \$ 43.00	0.00	
Multiple dependent claim(s), if any			0 + \$145.00	0.00	

- Amendment canceling extra claims enclosed
- Amendment deleting multiple dependencies enclosed
- Fee for extra claims is not being paid at this time

Filing Fee Calculation \$430.00

7. **Small Entity Statement**

- The present application will be assigned to and is being filed on behalf of a **small entity** as defined in 37 CFR 1.9 and 1.27(a)(3) (tax exempt organization) for purposes of paying reduced fees.

8. **Fee Payment Being Made At This Time:**

Enclosed:

- basic filing fee \$430.00
- assignment recordal fee \$ 40.00
- for processing an application with a specification in a non-English language \$ _____

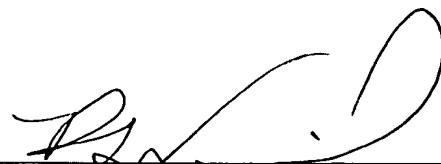
Total fees enclosed \$470.00

9. **Method of Payment Fees:**

- check in the amount of \$470.00 enclosed.
- The Commissioner is hereby authorized to charge any **DEFICIENCY** in the filing fees for this application to our Deposit Account No. 20-0090.

10. **Instructions As to Overpayment:**

- refund



SIGNATURE OF ATTORNEY, REG. NO. 40,871

Richard S. Wesorick

Type or print name of attorney

TAROLLI, SUNDHEIM, COVELL,
& TUMMINO L.L.P.
526 SUPERIOR AVENUE, SUITE 1111
CLEVELAND, OHIO 44114-1400
Tel. No. (216) 621-2234
Fax No. (216) 621-4072
Customer No.: 26,294